

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election



Name of Candidate Bob M. Dearing
 Address 305 Melrose Montebello Parkway
 Telephone 601-442-0486 Fax 601-446-7651
 Contact Name Bob M. Dearing Email bdearing@senate.ms.gov
 Office Sought State Senate Political Party Democrat

☐ Check here if above is different from previous report

TYPE OF REPORT

- ☐ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
- ☐ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
- ☐ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates
- ☐ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- ☒ January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees
- ☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$5,800.00+\$	\$ 5,800.00	\$ 5,800.00
Total amount of disbursements	\$5,800.00+\$	\$ 5,800.00	\$ 5,800.00
Total amount of cash on hand		\$ -0-	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Bob M. Dearing
Signature of Candidate

1-28-11
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Bob A. Dearing
 Reporting period 1-1-10 through 12-31-10

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Dental Political Action Committee</u>	<u>8/20/10</u>	\$ <u>1,000.00</u>
Mailing Address <u>2630 Ridgewood Road, Ste. C</u>	<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39216-4920</u>	<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required) <u>Dr. Craig Martin</u>	<u> </u> <u> </u> <u> </u>	\$
Occupation (Required) <u>Chairman</u>	Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT&T PAC</u>	<u>9/15/10</u>	\$ <u>500.00</u>
Mailing Address <u>175 E. Capitol Street - 702 LMC</u>	<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39201</u>	<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required) <u>Randy Russell</u>	<u> </u> <u> </u> <u> </u>	\$
Occupation (Required) <u>Gov. Relations</u>	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Company</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Chevron Products Company</u>	<u>9/24/10</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. Box 1300</u>	<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Pascagoula, MS 39568</u>	<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required) <u>Steve Renfro</u>	<u> </u> <u> </u> <u> </u>	\$
Occupation (Required) <u>MS Manager</u>	Aggregate year-to-date	\$ <u>1,200.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MAE-PAC</u>	<u>10/5/10</u>	\$ <u>500.00</u>
Mailing Address <u>500 Broadway Drive</u>	<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Hattiesburg, MS 39401-6325</u>	<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required) <u>Clyde Bryant</u>	<u> </u> <u> </u> <u> </u>	\$
Occupation (Required) <u>Asent</u>	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Bob M. Dearing
 Reporting period 1-1-10 through 12-31-10

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Company</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>CAPITOL PARTNERS</u>	<u>10/14/10</u>	\$ <u>500.00</u>
Mailing Address <u>416 Brava Coasta Street</u>	<u>1</u> <u>1</u>	\$
City, State, Zip Code <u>Dauphin Island, AL 36528</u>	<u>1</u> <u>1</u>	\$
Name of Employer (Required) <u>Charles Lea</u>	<u>1</u> <u>1</u>	\$
Occupation (Required) <u>Gov. Relations</u>	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>EXXON MOBIL</u>	<u>10/22/10</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 551</u>	<u>1</u> <u>1</u>	\$
City, State, Zip Code <u>Baton Rouge, LA 70821</u>	<u>1</u> <u>1</u>	\$
Name of Employer (Required) <u>Jeff Copeskey</u>	<u>1</u> <u>1</u>	\$
Occupation (Required) <u>Gov. Relations</u>	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Company</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Capitol Resources</u>	<u>11/4/10</u>	\$ <u>500.00</u>
Mailing Address <u>210 East Capitol Street, Ste 1262</u>	<u>1</u> <u>1</u>	\$
City, State, Zip Code <u>Jackson, MS 39201</u>	<u>1</u> <u>1</u>	\$
Name of Employer (Required) <u>Claire Hester</u>	<u>1</u> <u>1</u>	\$
Occupation (Required) <u>Gov. Relations</u>	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Dembury Resources, Inc</u>	<u>11/18/10</u>	\$ <u>1,000.00</u>
Mailing Address <u>5100 Tennyson Parkway, Ste. 1200</u>	<u>1</u> <u>1</u>	\$
City, State, Zip Code <u>Plano, TX 75024</u>	<u>1</u> <u>1</u>	\$
Name of Employer (Required) <u>Tracy Evans</u>	<u>1</u> <u>1</u>	\$
Occupation (Required) <u>President</u>	Aggregate year-to-date	\$ <u>1,000.00</u>

Name of Candidate or Committee Bob M. Dearing
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ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>Association</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Association for Home Care</u>		<u>12/6/10</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 24087</u>		___/___/___	\$
City, State, Zip Code <u>Jackson, MS 39225-4087</u>		___/___/___	\$
Name of Employer (Required) <u>Buddy Madlin</u>		___/___/___	\$
Occupation (Required) <u>Gov Relations</u>		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____		___/___/___	\$
Mailing Address _____		___/___/___	\$
City, State, Zip Code _____		___/___/___	\$
Name of Employer (Required) _____		___/___/___	\$
Occupation (Required) _____		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____		___/___/___	\$
Mailing Address _____		___/___/___	\$
City, State, Zip Code _____		___/___/___	\$
Name of Employer (Required) _____		___/___/___	\$
Occupation (Required) _____		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____		___/___/___	\$
Mailing Address _____		___/___/___	\$
City, State, Zip Code _____		___/___/___	\$
Name of Employer (Required) _____		___/___/___	\$
Occupation (Required) _____		Aggregate year-to-date	\$

Name of Candidate or Committee Bob M. Dearing
 Reporting period 1-1-10 through 12-31-10

ITEMIZED DISBURSEMENTS

A. Full name <u>Mid Ms Properties</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>1/1/10</u>	\$ <u>3,600.00</u>
City, State, Zip Code	<u>12/31/10</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>3,600.00</u>
B. Full name <u>AT&T</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>1/1/10</u>	\$ <u>600.00</u>
City, State, Zip Code	<u>12/31/10</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>600.00</u>
C. Full name <u>Utilities</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>1/1/10</u>	\$ <u>300.00</u>
City, State, Zip Code	<u>12/31/10</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>300.00</u>
D. Full name <u>Auto</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>1/1/10</u>	\$ <u>700.00</u>
City, State, Zip Code	<u>12/31/10</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>700.00</u>
E. Full name <u>Printing / Postage / Advertisement</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>1/1/10</u>	\$ <u>600.00</u>
City, State, Zip Code	<u>12/31/10</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>600.00</u>
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$